

COMMISSIONER'S MESSAGE

The Department of Mental Health is in the early stages of preparing transition documents for the upcoming change in Administration, outlining current accomplishments, key initiatives, and ongoing challenges in mental health services. Department leadership and staff remain committed to a system of care focused on improved access and better outcomes for individuals needing these services. Suicide Awareness and Prevention Month in September highlights the need for system improvement. Our state has done a great deal in promoting Mental Health First Aid and empowering individuals, youth, family members, older adults, social organizations, and business environments in listening, acknowledging, and providing support to individuals in random, but key moments. Continuing to focus efforts on this public health crisis remains an ongoing commitment of DMH in strong collaboration with service providers and stakeholders around our state. It is fitting to recognize our community partners across the services continuum and the key role of each in responding compassionately and flexibly to the ever changing needs in our communities. Thank you.

--- Frank Reed, Commissioner

DMH PROFILES -- **Melissa Bailey, Deputy Commissioner**

- An attribute of Vermont state government is our reliance on career professionals to serve in exempt leadership positions, including commissioners, deputy commissioners, agency secretaries and their deputies. While there are many instances in which appointees are hired from outside state government, there are a great many leaders who first joined state service in a classified, i.e., civil service, position. Their personal experience in the state workforce contributes in many ways to their leadership development and knowledge of state government. DMH Deputy Commissioner, Melissa Bailey, is a prime example.

Melissa's career aspirations began in high school when she took her first psychology class. As with many high schoolers it was the topic and the teacher that peaked her interest. Melissa's college studies and early career took some detours, but eventually found the way back to mental health when she decided to seek a Master's degree in Mental Health Counseling at Johnson State College. While working on her degree, she worked with a child with Autism at an elementary school. Finding that she enjoyed working with children and their families, Melissa worked with one of her professors on a graduate internship to start a non-profit that helped individuals combine "traditional" treatment with other community activities that also were therapeutic. This included work with adolescent girls who were in State custody as well their families. After graduating, she started working at the Howard Center as a school-based clinician. Melissa continued

to enjoy working in the schools not only with families, but also with teachers, guidance counsellors, school nurses, pediatricians and many other human service providers.

Working with systems became a real interest for Melissa so in 2001 she found her way to the Department of Mental Health. The learning curve was steep and the experience was extensive. Through that experience it became clear that she wanted to continue her career at the systems level and positively influence the system by her direct service experience.

Melissa served in a classified position at DMH for nine years until 2010 when the Agency of Human Services / Secretary's office recruited her to take the lead as Director of Integrating Family Services (IFS). After three and a half years, she took a short hiatus from state government to work in the private sector as Clinical Director for Otter Creek Associates; Vermont Care Partners, supporting Designated and Specialized Service Agencies in measuring outcomes; and The University of Vermont in the Vermont Child Health Improvement Project as a consultant. Not long afterwards, Melissa found her way back to DMH as Deputy Commissioner. Mental Health Commissioner Frank Reed, also a career professional prior to accepting an exempt, leadership position, welcomed Melissa's interest in the child and family system of care, health care reform, and mental health integration, offering her the Deputy Commissioner leadership position.

"I have been back at DMH for 11 months and continue to enjoy the system of care work, making sure individuals and families have access to high quality services and supports and that the changes we are undertaking are bettering the system, including the integration of mental health, social determinants of health and health care reform. The staff at DMH and the staff out in the field are outstanding – every day they face new challenges and come ready to work even harder than the previous day to provide what is necessary for individuals and their families. I'm proud to be contributing along-side my colleagues and individuals and their families to make our system the best it can be. If we haven't yet met, please feel free to stop by or reach out in any other way." *Melissa Bailey*

HEALTH CARE REFORM

- **Including the Head in Healthcare Reform: What Mental and Dental Health Have in Common**

Dental health is an important component of overall health. It makes sense that a chronic infection in your mouth could lead to problems in other parts of the body, or make pre-existing conditions more difficult to manage. Yet much like mental health and medical care are often managed discretely, medical and dental care remain steadfastly separated in many cases.

This is due to a variety of factors including separate schools, payment mechanisms, and practice locations; all similar issues for mental health. In fact, an article in the December 2015 *Advisory* regarding Green Mountain Care Board hearings on integration of mental health services within the medical care system was strikingly analogous to dental care; in

many instances you could have substituted the word dental for mental, and it would have been absolutely relevant. This is especially true when it comes to the cost savings that can be realized by treating patients holistically. <https://www.unitedconcordia.com/docs/united%20concordia%20oral%20health%20whitepaper.pdf>

The movement in Vermont towards a health care system that rewards medical care providers for keeping people healthy (vs. treatment of symptoms) provides an excellent opportunity for both mental and dental health to make a case for inclusion; however, we need to close the gap by collaborating with each other.

A [study](#) by Okoro, Strine, Eke, Dhingra, and Balluz (2012) examined the association between depression and anxiety and the use of oral health services and tooth loss using Behavioral Risk Factor Surveillance Survey data. The results of the study linked depressive disorders to a decreased frequency of oral health check-ups and increased risk for periodontal disease and/or tooth loss. In the only [meta-analysis](#) on the association between oral health and mental health, patients with severe mental illness were over three times as likely to have lost all their teeth when compared with controls (Kisely et al., 2011). A [systematic review](#) by Kisely, Baghaie, Lalloo, and Johnson (2015) found that patients with an eating disorder had five times the odds of dental erosion compared with controls. The fact that many of the psychotropic medications used to treat mental illness can increase a person's risk for dental disease because they cause xerostomia (or "dry mouth") compounds the issue; people taking these medications may be more prone to tooth decay and less likely to access oral health care.

These studies confirm Dr. Batra's focus on the importance of an integrated health system that considers the health of the whole person. As we navigate through the waters of health care reform let's look for opportunities for mental and dental health care providers and organizations to support efforts to connect with each other and to become integrated into the medical care system as a whole. (J. Batra, MD, is Medical Director of DMH.)

SEEKING YOUNG ADULTS & FAMILY MEMBERS TO PARTICIPATE IN STUDY ON EARLY EPISODE PSYCHOSIS

- In 2015, the Vermont Department of Mental Health (**DMH**) launched a multi-year initiative to improve services and supports for adolescents and young adults who are in the early stages of experiencing and struggling with psychosis (i.e. First Episode Psychosis - **FEP**). To support and inform this process, DMH has partnered with Dartmouth College and the Vermont Co-operative for Practice Improvement and Innovation (**VCPI**) to conduct a study focused on the experience of young Vermonters and their families who have a history of FEP. This qualitative study will ensure that the personal experiences of affected individuals and families will inform DMH's process for developing and improving services and supports for young adults with FEP.

DMH is seeking young adults who experienced their first episode of psychosis in the last 10 years, as well as family members of young adults who fit this criteria, to participate in the study. Participants in this study can take part either through an anonymous internet survey and/or in-person interviews with an evaluator from Dartmouth College.

Additional information about the study can be found at: <http://vtcpi.org/vermont-fep-study/> or by contacting Rita Johnson:

Text: (802) 249-5094

Facebook: Send us a private message on our VCPI Facebook page

Email: r.johnson11@snhu.edu

Call Toll-Free: 1 (800) 730-5542

STAKEHOLDER PARTICIPATION SOUGHT

- **Marty Roberts' Retirement from Mental Health Block Grant Planning Council**
As the State Mental Health Authority for Vermont, DMH exercises decision-making responsibilities with respect to the federal mental health block grant administered by SAMHSA. This is done with an advisory body, a *Planning Council*, comprised of about 30 individuals, more than 50% of whom are not State employees. Marty Roberts has served in this role for many years while also contributing to the work of the State Program Standing Committee for Adult Mental Health. She has participated in innumerable national and regional Community Mental Health Block Grant conferences; served on many DMH committees and work groups over the years; and provided board leadership to the Vermont Center for Independent Living (across a variety of disabilities) and Vermont Psychiatric Survivors. Marty has been recognized for her work in the recovery movement and has been appreciated time and again for her invaluable experiences from the perspective of those with lived experience of mental illness. Knowledge of the mental health system from people like Marty is not easily replaced. We thank Marty Roberts for her service!

With Marty's departure from the Block Grant Planning Council, DMH is putting out the word through the *Advisory* for individuals who can represent the interests of the mental health community for adults with Serious Mental Illness (SMI) and Children with Severe Emotional Disturbance (SED) and their families. To fulfill the federal block grant law and to enrich the process by diversifying the composition of the Planning Council, DMH would welcome hearing from people interested in volunteering their time to attend daytime meetings, develop and review grant proposals, discuss funding options, advocate and monitor, and advise the Commissioner on block grant priorities.

Planning Council member categories may include:

- Individuals in Recovery to include adults with SMI who are receiving or have received mental health services
- Family members of individuals in Recovery
- Parents of children with SED
- Veterans and military families
- LGBTQ community
- Racial, ethnic and cultural diversity
- Housing program advocates

- Community providers

Contact Judy P. Rosenstreich, Senior Policy Advisor, DMH, at judy.rosenstreich@vermont.gov or (802) 241-0113 for more information.

COMMUNITY EDUCATION

- **Psychiatry in the Third Reich: Historical, Scientific, and Philosophical Perspectives, Legacies, and Lessons** Sunday, September 18 - 9:00 am to 6:00 pm
UVM's Waterman Memorial Lounge (Room 338)
85 South Prospect Street, Burlington

The Leonard and Carolyn Miller Distinguished Professorship in Holocaust Studies joins the Howard Center, the UVM College of Arts and Sciences, the UVM College of Medicine, the UVM Department of Psychiatry, and the Vermont Center for Children, Youth, and Families in presenting this symposium. It is FREE and OPEN to the public. Coffee and refreshments will be served. Lunch will be provided for all attendees. Ample free parking behind Waterman Building or UVM Visitor lot, both accessible from College Street. No permit or fee is required on Sunday. http://www.uvm.edu/~uvmchs/?Page=exchange_calendar&SM=cal_events_submenu.html&event_id=040000008200E00074C5B7101A82E0080000000020B28E95595FD101000000000000000100000008DD116ADA96E2E40AAB9DAF5C20BAFF3

- **UVM Medical Center *Community Medical School***
The State of Opioid Addiction in Vermont: Treatment & Research – October 4th 6:00 – 7:30 p.m.
Carpenter Auditorium, Given Building, UVM Campus, Burlington *Free and Open to the Public*

“A little more than a decade ago, clinicians believed pain was under-recognized and under-treated. Fast forward to the present when Vermont and other states across the U.S. are struggling to address an opioid addiction epidemic. Panelists will discuss current U.S. and Vermont opiate prescribing and overdose statistics, local prescribing practices, educational programs to educate providers and learners about safe prescribing, and research on prescribing and treatment.”

- **Howard Center Community Education Series**
The Howard Center continues its successful community education programming with an outstanding line-up of topics and speakers. These are free and open to the public. Click on this link for details of date, time and location.
<http://howardcenter.org/Community-Education-Series-Fall-2016>

DEPARTMENT OF MENTAL HEALTH

- **Research and Statistics Team**
We live in the age of big data. Here at the Department of Mental Health, we have access to a variety of data points on mental health clients and their touch-points in our system of care. However, those data points are not useful in and of themselves. It takes individuals educated in data management, analysis, and reporting to transform our data into actionable results. DMH is fortunate to have an in-house Research and Statistics team that handles that specialized work.

Organizationally, the Research and Statistics team sits within the Quality Management Unit at the department because data is integral to quality management processes. The R&S team is headed by Research & Statistics Chief Sheila Leno. The role of the chief is to maintain an organizational-wide point of view of data requests coming to the unit, both internal and external data requests. The chief looks for emerging themes in the nature of those data requests, and may make recommendations that the R&S team take a deeper dive into a particular topic if there is emerging interest. The chief is a liaison to middle and upper level leadership at DMH, providing insight into what data points are available for analysis as questions are brought to leadership from stakeholders such as legislators, AHS leadership, federal agencies, consumers, providers, advocates and family members. The chief and the R&S team are apt to recognize gaps in our data collection that, if addressed, could strengthen our ability to apply data to system improvement measures.

In addition to the Chief, the team consists of four mental health analysts, tiers I – III. Prior to her appointment as Chief of Research and Statistics, **Sheila Leno**, M.S. served as the team's senior mental health analyst (level III) and has been with the department for a total of 10 years. Sheila oversees completion of the monthly Health Reform Oversight Committee report (internally known as Continued Reporting), which is shared with our legislative partners each month. She also takes the lead on our annual surveying projects, which include the CRT client satisfaction survey for Adult Mental Health, and Children's Survey (which alternates with the Parent's Survey) for the Child, Adolescent, and Family Unit. Results from these surveys are shared with the designated agencies, help inform our re-designations process of those agencies, and are shared with our federal partners.

Cindy Chornyak, M.S. is a mental health analyst II, and has been with the team for almost 4 years. Cindy is the team's expert on Emergency Department (ED) wait times, involuntary transports, and she also handles ad hoc reporting for the department. She puts together the monthly "Snapshot" report. This report includes point-in-time results on monthly analyses performed on involuntary medication petitions; involuntary transportation and the use of restraints; suicides and recent services received from designated agencies; crisis bed occupancy; and emergency department wait information for emergency examinations for adult and youth, and forensic patients. DMH leadership uses this report to review trends and patterns of usage for these types of situations or events.

Christopher Donnelly, Ph.D. is a mental health analyst II, and the newest member of the team, having joined us a year and a half ago. Chris puts together the Emergency Involuntary Procedures (EIP) report. Stratified random sampling and reporting necessary for agency chart reviews are part of his domain. Chris also handles a variety of ad hoc reporting requests. This year, Chris streamlined the analytic process for the ASEBA/BI report for the Child, Adolescent and Family Unit (CAFU) and is currently building the analytic process for the Treatment Episode Data Set (TEDS), which SAMHSA has requested the states to move to in place of client-level reporting. Chris recently provided CRT client data for a Pathway's chart review. This required selecting individuals on a

variety of criteria (longest enrollees, recent enrollees, hospitalizations), and providing various tables of information (types, frequencies, and units of service; enrollment dates; hospitalization dates; lengths of stay). This information was used by DMH auditors to select charts and to ensure that the information provided to DMH was consistent with Pathway's records. This information was also used to ensure appropriate standards of care for clients.

Keith Goslant is a mental health analyst I. Keith has worked in the mental health system for over 40 years. He is a wealth of knowledge and a valuable resource to DMH. Keith maintains the DMH electronic bed board and pulls data from the system to provide both re-occurring and ad hoc reports which are essential to the department's ability to monitor system capacity. Keith reviews end-of-shift reports daily and reports on the number of patients waiting for beds. Keith also works closely with VPCH as a point person for their admissions staff, and as the temporary Physician's Liaison on the implementation of the new electronic health record (EHR) system for the Vermont Psychiatric Care Hospital.

These are just a few examples of the data and reporting that the Research and Statistics team conducts on a regular basis. As state mental health authority, DMH is Vermont's government agency responsible for developing, ensuring, and maintaining the mental health system of care. We rely on those data points to inform our policy and planning; support legislative requests; apply for grants; report on grant outcomes; monitor quality assurance; and engage in continuous quality improvement. Building a better system of care requires systemized measurement of where we have been, where we are, and where we want to be.

STAFF ANNOUNCEMENTS

- **Anna Strong** has a new role in the Business Office, the position of Financial Director I. Anna originally came to us from AgriMark/Cabot Creamery Cooperative where she worked in Operations, and as a staff accountant for over a decade. She has a Bachelor's degree with dual concentrations in Business Management and Financial Accounting. Aside from her finance knowledge, she brings a positive energetic approach to her work.